



Missouri Department of Health & Senior Services  
Bureau of Environmental Health Services  
Lodging Establishment Inspection Report

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name

Name ☒ Owner ☐ General Manager

Physical Address

City

Zip

Mailing Address

City

Zip

County

This inspection is a(n)

☐ Initial ☒ Annual ☐ Follow-up

Telephone

No. of  
Stories

No. of Rooms

Is the current lodging license displayed?  
☒ Yes ☐ No ☐ N/A - new

Rooms Inspected:

Water Supply

Wastewater

☐ Private ☒ Public

Water sample taken ☐ Yes ☒ No

☐ Private ☒ Public

Regulated by: ☐ DHSS ☒ DNR

Swimming Pools/Spas (check all that apply)

Indoor pool ☐ Outdoor pool ☐ Spa ☐ Pool larger than 2000 square feet ☐

Please check if the following  
local ordinances apply

New Lodging Establishments

- ☐ Fire Safety ☐ Electrical Wiring  
☐ Plumbing  
☐ Swimming Pools/Spas  
☐ Fuel Burning Appliances

- Smoke detectors hardwired ☒ Yes ☐ No ☐ N/A  
Fire alarm system installed ☒ Yes ☐ No ☐ N/A  
Sprinkler system installed ☐ Yes ☒ No ☐ N/A

- Swimming Pool Certified ☐ Yes ☐ No ☒ N/A  
Building Certified to National Standards or Occupancy Permit ☐ Yes ☐ No  
Historical Building ☐ Yes ☐ No ☒ N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

In=In Compliance

Out=Not in Compliance, explain on additional page(s)

NO=Not Observed

N/A=Not Applicable

Section A & B: Water Supply & Wastewater

In Out NO N/A

1. Approved source, construction and operation ☒  
2. Complies with water quality standards ☒  
3. Chlorinator maintained and operated properly ☒  
4. Wastewater operation and maintenance ☒

Section C: Sanitation/Housekeeping

1. Walls, floors and ceilings in good repair ☒  
2. Housekeeping practices and furnishings ☒  
3. Towels and bed linens clean ☒  
4. Mattresses and box springs clean ☒  
5. Pest control procedures ☒  
6. Ice machines, scoops, liners clean & protected ☒  
7. Garbage storage and disposal ☒  
8. Premises maintained, plant growth controlled ☒

Food Inspection conducted according to 19CSR20-1.025

9. Food, equipment and single service/use ☒  
10. Food protected from contamination ☒  
11. Facilities to wash, rinse and sanitize ☒  
12. Handwashing facilities/hygienic practices ☒

Section D: Life Safety

1. Combustible/toxic items usage and storage ☒  
2. Building maintained to assure safe conditions ☒  
3. CO detectors hardwired, installed, good repair ☒  
4. GFCI, outlets & switches installed, good repair ☒  
5. Exit signs installed, good repair ☒  
6. Emergency lighting installed, good repair ☒  
7. Electric panel protected, labeled, good repair ☒

Required Annual Third Party Inspections

1. Fire Alarm System ☒  
2. Sprinkler System ☒  
3. Local Fire and Building Codes/Ordinances ☒  
4. Current Boiler/Pressure Vessels MDPS Certification ☒  
5. Backflow Device(s) Test ☒  
6. Liquid Propane Leak Test ☒

Section E: Fire Safety

1. Textiles, hangings and mirrors ☒  
2. Fire extinguisher type, inspected, and location ☒  
3. Vertical openings fire-rated, self-closing ☒  
4. Doors, self-closing and fire-rated ☒  
5. Smoke detectors hardwired, installed, good repair ☒  
6. Evacuation route and plan, installed, available ☒  
7. Stairs and ramps, maintained, storage ☒  
8. Means of egress, number, maintained ☒  
9. Handrails and balconies maintained and appropriate ☒

Section F: Swimming Pools/Spas

1. Fence, gate adequate, proper closure mechanism ☒  
2. Boundary line, pool depth properly marked ☒  
3. Deck is clean and in good repair ☒  
4. Lifesaving equipment adequate, good repair ☒  
5. Pool clarity, pH, disinfectant, & temp. maintained ☒  
6. Steps, ladders, and handrails installed, good repair ☒  
7. Adequate ventilation ☒  
8. Electrical outlets, proper protection & distance ☒  
9. Records maintained and signs posted ☒  
10. First aid kit available ☒  
11. Lighting adequate and in good repair ☒

Section G: Plumbing/Mechanical

1. Equipment adequate, good repair ☒  
2. Ventilation adequate, plumbing, restrooms ☒  
3. T & P relief valves adequate, good repair ☒  
4. Relief valve discharge pipes installed, adequate ☒  
5. Backflow, air gaps, no cross connections ☒

Section H: Heating & Cooling

1. Unvented fuel-burning appliance/space heater ☒  
2. Fire resistant room or sprinkler head ☒  
3. Location of heating/cooling units ☒  
4. Ventilation of appliances and utility rooms ☒  
5. Operation and condition adequate ☒

INSPECTED BY (PRINT NAME and SIGN)

EPHS NUMBER

AGENCY

TELEPHONE

LICENSING YEAR

20 18 / 20 19

APPROVED ☐ YES ☒ NO

DATE INSPECTED

8-28-18

FOLLOW UP DATE

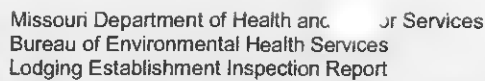
04-1-2018

RECEIVED BY (PRINT NAME and TITLE and SIGN)

NAINESH PATEL Owner

Nainesh Patel

PAGE 1 OF 1



Kenneth O. Kennerly, Hon. Mr.

Nainesh Katar



Missouri Department of Health & Senior Services  
Bureau of Environmental Health Services  
Lodging Establishment Inspection Report

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <i>C. J. Inn</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>N. Patel</i>	
Physical Address <i>1111 E. 1st St.</i>		City <i>St. Louis</i>	Zip <i>63101</i>
Mailing Address <i>1111 E. 1st St.</i>		City <i>St. Louis</i>	Zip <i>63101</i>
County <i>St. Louis</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <i>314-416-5041</i>	No. of Stories <i>1</i>
		No. of Rooms <i>17</i>	Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

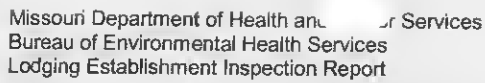
<b>Rooms Inspected:</b> <i>1111 E. 1st St.</i>	<b>Water Supply</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Wastewater</b> <input type="checkbox"/> Private <input type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
<b>Swimming Pools/Spas (check all that apply)</b> Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

<b>Please check if the following local ordinances apply</b> <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	<b>New Lodging Establishments</b> <input checked="" type="checkbox"/> N/A Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
---	--

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>	In	Out	NO	N/A
1. Approved source, construction and operation	<input checked="" type="checkbox"/>			
2. Complies with water quality standards		<input checked="" type="checkbox"/>		
3. Chlorinator maintained and operated properly				
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>			
<b>Section C: Sanitation/Housekeeping</b>				
1. Walls, floors and ceilings in good repair	<input checked="" type="checkbox"/>			
2. Housekeeping practices and furnishings	<input checked="" type="checkbox"/>			
3. Towels and bed linens clean	<input checked="" type="checkbox"/>			
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>			
5. Pest control procedures	<input checked="" type="checkbox"/>			
6. Ice machines, scoops, liners clean & protected		<input checked="" type="checkbox"/>		
7. Garbage storage and disposal	<input checked="" type="checkbox"/>			
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>			
<b>Food Inspection conducted according to 19CSR20-1.025</b>				
9. Food, equipment and single service/use				<input checked="" type="checkbox"/>
10. Food protected from contamination				
11. Facilities to wash, rinse and sanitize				
12. Handwashing facilities/hygienic practices				
<b>Section D: Life Safety</b>				
1. Combustible/toxic items usage and storage				
2. Building maintained to assure safe conditions				
3. CO detectors hardwired, installed, good repair				
4. GFCI, outlets & switches installed, good repair				
5. Exit signs installed, good repair				
6. Emergency lighting installed, good repair				
7. Electric panel protected, labeled, good repair				
<b>Required Annual Third Party Inspections</b>				
1. Fire Alarm System				
2. Sprinkler System				
3. Local Fire and Building Codes/Ordinances				
4. Current Boiler/Pressure Vessels MDPS Certification				
5. Backflow Device(s) Test				
6. Liquid Propane Leak Test				
<b>Section E: Fire Safety</b>				
1. Textiles, hangings and mirrors				<input checked="" type="checkbox"/>
2. Fire extinguisher type, inspected, and location				
3. Vertical openings fire-rated, self-closing				
4. Doors, self-closing and fire-rated				
5. Smoke detectors hardwired, installed, good repair				
6. Evacuation route and plan, installed, available				
7. Stairs and ramps, maintained, storage				
8. Means of egress, number, maintained				
9. Handrails and balconies maintained and appropriate				
<b>Section F: Swimming Pools/Spas</b>				
1. Fence, gate adequate, proper closure mechanism				<input checked="" type="checkbox"/>
2. Boundary line, pool depth properly marked				
3. Deck is clean and in good repair				
4. Lifesaving equipment adequate, good repair				
5. Pool clarity, pH, disinfectant, & temp. maintained				
6. Steps, ladders, and handrails installed, good repair				
7. Adequate ventilation				
8. Electrical outlets, proper protection & distance				
9. Records maintained and signs posted				
10. First aid kit available				
11. Lighting adequate and in good repair				
<b>Section G: Plumbing/Mechanical</b>				
1. Equipment adequate, good repair				<input checked="" type="checkbox"/>
2. Ventilation adequate, plumbing, restrooms				
3. T & P relief valves adequate, good repair				
4. Relief valve discharge pipes installed, adequate				
5. Backflow, air gaps, no cross connections				
<b>Section H: Heating &amp; Cooling</b>				
1. Unvented fuel-burning appliance/space heater				
2. Fire resistant room or sprinkler head				
3. Location of heating/cooling units				
4. Ventilation of appliances and utility rooms				
5. Operation and condition adequate				

INSPECTED BY (PRINT NAME and SIGN) <i>Karen Hunter-Kramer, EPHS</i>	EPHS NUMBER <i>418</i>	AGENCY <i>Missouri Health Dept.</i>	TELEPHONE <i>314-241-1000</i>
LICENSING YEAR 20 <i>18</i> / 20 <i>19</i>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <i>9/17/18</i>	FOLLOW UP DATE <i>6-1-2019</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Nainesh Patel owner</i>		PAGE 1 OF <i>1</i>	



INSPECTED BY <i>[Signature]</i>	RECEIVED BY <i>Nainesh Patel</i>	DATE <i>1-17-18</i>
------------------------------------	-------------------------------------	------------------------